

Kentucky Department of Agriculture – Office of Consumer & Public Service
Division of Regulation & Inspection, 107 Corporate Drive, Frankfort, KY 40601
Phone: (502) 573-0282 Fax: (502) 573-0303

Placed In Service Report – MEASURING Devices

This report is issued in accordance with KRS – 363 of the Commonwealth of Kentucky and issued:

TO: _____

Name of Device Owner

FOR: _____

Name of Station

Address

Address

City, State, Zip Code

City, State, Zip Code

County

County

Device Type (Pumps, High Volume Pumps, LP, VTM)

BY: _____

Service Technician

Company Represented

Address

City, State, Zip Code

Type of Service Rendered: Adjustment ____ Repair ____ New Installation ____ Other: _____

Where Service Was Rendered: ☐ On Premises ☐ At Shop

Date Requested: _____ Date Finished: _____

Name of Regulation & Inspection Inspector: _____

Date Device Was Rejected or Condemned _____ Tag Number _____

[illegible]

Service Oath: I hereby certify that I am registered in the Commonwealth of Kentucky to provide service to measuring devices in accordance with KRS-363 and hold REGISTRATION NUMBER _____.

I have rendered service on the device(s) listed above and said device(s) has/have been adjusted to deliver within NIST Handbook 44 acceptance tolerance and as close to zero error as possible.

Note: This report should be filled out its ENTIRETY and in triplicate. The original should be sent to the Kentucky Department of Agriculture, Division of Regulation & Inspection, 107 Corporate Drive, Frankfort, KY 40601, IMMEDIATELY after the work has been completed. Leave one copy with the owner of the device and retain one copy for your files. **Additional copies may be obtained on-line at kyagr.com.**

Service Person's Signature _____ Date _____